

BP-A0621
Nov 12**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

U.S. Department of Justice

Federal Bureau of Prison

Certification of Identity

Privacy Act Statement. In accordance with 28 CFR Section 166.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the record of individuals who are the subject of US Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, US Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (110370016), Washington, DC 20503.

Full Name Of Currently or Previously Incarcerated Individual TAYLOR, TERRELL M	Register Number 47048-044	Current Address
Date of Birth 02/19/1991	Place of Birth	Social Security Number

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5000.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to

release information to, OR obtain information from

Name/Facility: United States District Court | Bhairav Radia # U293600
 Address: 301 West Main Street .
 City, State, Zip: Benton, Illinois, 62812

I understand the information is to be used for (specific reason for release of information):

Continuation of care, or Other

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to
my evaluation and treatment received from (dates): _____ to _____

This is to include:

Complete Record
 Consultations
 Laboratory Reports

Discharge Summary
 Progress Notes

History & Physical
 X-ray Reports
 Actual Films
 Will be returned OR
 Duplicates accepted

Operative Reports
 Pathology Reports
 Actual Slides
 Will be returned OR
 Duplicates accepted

Other:

CASE # 23-CV-03019-JPG

Signature

Date

3-19-24

Signature of current or formerly
incarcerated individual requesting the
release of his/her records.

FCC Pollock Health Svc**P.O. Box 3000****Pollock, LA 71467**

United States District Court
C/O Clerk
301 West Main Street
Benton, Illinois 62812

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BENTON OFFICE
SOUTHERN DISTRICT OF ILLINOIS
CLERK, U.S. DISTRICT COURT

APR 12 2024

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